Expanding rural communities' access to health services in Myanmar

Scaling up integrated community case management of malaria and childhood illnesses in Myanmar's Sagaing region

Background and project overview

Rural communities in western Myanmar are often poorly served by the country's public health system. To increase the provision of health services in rural areas and to 'fill the gaps' in the formal healthcare system, in 2016–2017 Malaria Consortium piloted an integrated community case management (iCCM) approach through Myanmar's existing network of malaria volunteers. These volunteers were trained to diagnose and treat common childhood illnesses in children under five that may otherwise be fatal, as well as screen for malnutrition. Findings from this pilot showed that malaria volunteers could help to improve access to care for common childhood illnesses such as pneumonia, diarrhoea, malaria and malnutrition.

Building upon the success of this pilot, Malaria Consortium is scaling up the approach from three to six townships in Sagaing region. The project will strengthen support for malaria volunteers to maintain and further develop their skills, improve the ability of basic health staff to provide the necessary supervision, address shortages of stocks for rapid diagnostic tests and medicines, and increase malaria volunteers' motivation to provide and communities' demand for health services.

Country

Myanmar

Donor

Comic Relief

GlaxoSmithKline plc

Length of project

July 2017 – January 2020

Partners

The Republic of the Union of Myanmar's Ministry of Health and Sports: Child Health and Development Division; Health Literacy Promotion Unit; Disease Control Division; Nutrition Development and Research Department; the National Malaria Control Programme; and townships' health departments.

Project objectives

The scale-up specifically seeks to:

- provide evidence on the most effective approaches for training and supervising malaria volunteers so that they improve their case management and behaviour change communication (BCC) skills

- determine the motivating factors for retaining the volunteer status of malaria volunteers

- improve the quality of testing using malaria rapid diagnostic tests and treatment services provided by malaria volunteers

- improve basic health staff's skills around supervision, BCC and data quality assessment

- build communities' participation in iCCM, and increase demand for and access to quality services for malaria and common childhood illnesses among children under five

- improve supply chain management

- strengthen community and private sector Health Management Information System reporting for malaria.

Activities

The project will improve the iCCM approach by:

1. strengthening supervision by training government health workers and township authorities to supervise volunteers and by developing a system for supervision

2. improving training through regular assessments and by recording training information, in order to strengthen the skills of master trainers, supervisors and malaria volunteers

3. implementing BCC activities, and training volunteers and basic health staff supervisors to hold community dialogues that encourage participation and educate communities on danger signs and when to seek healthcare to increase the demand for quality health services

4. testing the use of a mobile health Open Data Kit (ODK) application for real-time data collection to contribute to better and more timely decision making by townships' malaria control teams, and to improved and faster performance of malaria elimination activities by townships' malaria control teams

5. strengthening the supply chain management system by providing training and technical and data monitoring support to each township's public health department to prevent stock shortages

6. introducing data quality assessment practice at the township level by developing user-friendly data quality assessment tools and providing training on their use.

Throughout the project, Malaria Consortium will work with partners and the communities in planning, coordination, training, supervision, surveillance, evaluation and giving feedback. The Ministry of Health and Sports (MOHS) and regional and township staff will conduct training and supervision, as well as data evaluation (township staff only). Malaria volunteers will provide case management and will record and report related data. General practitioners will also provide case management and will report data using the app.

Progress update

To date (April 2019), Malaria Consortium in partnership with the MOHS has:

- identified and developed new approaches

- implemented the project's core activities in six townships in Sagaing region (Banmauk, Kalay, Kathar, Kawlin, Pinlebu and Wuntho)

- delivered a training of trainers on iCCM for malaria volunteers in Nay Pyi Taw, which has since been cascaded to each township

- strengthened supervision, training assessment and supply chain management in all six townships

- tested the ODK app in Kalay township, made revisions to the app to address issues encountered, and rolled out the app to the remaining five townships

- implemented the community dialogue approach in four townships (Banmauk, Kalay, Kawlin and Wuntho) – the impact of the project's BCC component in the four townships will be compared with those of the two townships not receiving BCC activities.

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